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Tycos® Harvey DLX Double and Triple Head Stethoscopes

Welch Allyn®

Designed to enable the medical professional to obtain superior and accurate auscultation.

The Harvey DLX Double Head and Triple Head Stethoscopes were designed after extensive research and testing. The critical design of the tubing, proper weight and sizing of the chestpiece and rotatable binaurals, combine to make the Harvey Stethoscopes exceptional instruments for auscultation. The final testing, of course, was on the patient.

The Harvey Stethoscopes will give you the ability to identify the lowest frequencies that the human ear can detect, such as a faint diastolic gallop or rumble, as well as the higher frequencies of the faint early blowing aortic diastolic murmur.

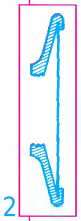
Furthermore, with over five decades of experience using stethoscopes, Dr. W. Proctor Harvey has designed his stethoscopes to meet the comfort and portability needs which physicians demand.

Double Head

Triple Head

Chestpieces

Both the double head and triple head offer a flat diaphragm and bell. The triple head also utilizes a corrugated diaphragm for additional auscultatory capabilities. Selection is accomplished by holding the chestpiece stem in one hand and rotating the chestpiece until a click is heard or felt.



Flat Diaphragm

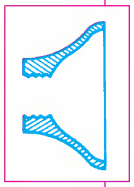
"The workhorse." Excellent for all sounds and murmurs. Best for higher frequencies (such as faint diastolic murmur of aortic regurgitation). Also ideal to identify splitting of sounds, systolic clicks and ejection sounds. 4.76 cm diameter.

Corrugated Diaphragm

Amplifying quality. Excellent for an overview of heart sounds. Especially good for low-frequency gallop sounds and murmurs. 4.76 cm diameter.

Bell

Provides excellent detection and clarity for low and medium-frequency heart sounds and murmurs (such as a faint gallop or diastolic rumble). 2.79 cm diameter.



Headset Adjustment

Your new Harvey Stethoscopes are designed to give you the maximum ability to adjust for your personal comfort and acoustic fit.

A. Select the correct size and texture eartip. For maximum acoustic seal, two sizes of "soft" and "hard" eartips are provided. Choose the size which best seals off your outer ear canal and feels the most comfortable. As a rule the larger size is best for the majority.

B. To adjust the angle of the binaurals, hold the spring in one hand and rotate each binaural to the correct angle.

C. Make sure that the binaural tubes are pointed slightly forward going into the ear canal.

D. To reduce spring tension, grasp each eartube at its bend and gently pull outwards.

E. To increase spring tension, squeeze the eartubes together.

Care and Maintenance

- It is important to clean and disinfect your stethoscope to prevent possible cross-contamination.
- Eartubes and tubing can be wiped down with alcohol or mild soapy water.
- Eartips may be removed for thorough cleaning with alcohol or mild soapy water.
- Diaphragm replacement: Under normal use you should rarely need to remove the rim and diaphragm for cleaning purposes. The exterior of the diaphragm can be cleaned with alcohol or mild soapy water. However, if you do need to remove diaphragm:

A. Hold the bell and turret section in one hand, and exert pressure on the back of the diaphragm. Grip the threaded ring of the diaphragm with your other hand and turn the ring counterclockwise to loosen.

B. Separate the threaded ring from the turret section.

C. Simply press the diaphragm disc out of the metal ring and replace with new disc. Thread the ring back on to chestpiece.

Warranty

Your Harvey DLX Stethoscope comes with a 10-year warranty against parts and manufacturing defects. Should a material or workmanship defect be discovered, Welch Allyn will repair or replace the product at no charge.

This warranty does not cover damage in shipment or failure caused by tampering, obvious carelessness or abuse.

Return the unit for service, to any of the Welch Allyn Service Centers below:

- **Welch Allyn, Repair Dept.,** 95 Old Shoals Rd., Arden, NC 28704.
- **Welch Allyn, Repair Dept.,** Postfach 31, Zollerstrasse 2-4 D-72417 Jungingen/Deutschland.
- **Welch Allyn, Repair Dept.,** 160 Matheson Blvd. East, Unit 2, Mississauga, Ontario, Canada L4Z1V4.
- **In Latin America, send to MD, International Repair Dept.,** 7324 SW 48th St., Miami, Florida 33155.
- **Welch Allyn, Repair Dept.,** 21-09 Golden Mile Tower 6001, Beach Road, Singapore 199589, Rep. of Singapore.
- **Welch Allyn, Repair Dept.,** Ground Floor, 18-20 Orion Road, Lane Cove, NSW 2066, Australia.
- **In Japan, send to IMI Co.,** 3-3-12 Ryutsu-danchi, Koshigaya-shi Saitama, 343 Japan.

Ordering Information

All Welch Allyn brand stethoscopes and accessory parts can be purchased from an authorized distributor in your area. Call Welch Allyn directly for the name of the dealer near you.

5079-321	Harvey DLX Triple Head, Black Tubing
5079-325	Harvey DLX Double Head, Black Tubing
5079-315	Accessory Kit
5079-113	Hard Eartips, Extra Large
5079-66	Hard Eartips, Large
5079-233	Soft Eartips, Large
5079-314	Soft Eartips, Medium
5079-121	Binaural/Spring Assembly
5079-120	Tubing, Black
5079-316	Pediatric Chestpiece Assembly
5079-317	Adult Flat Chestpiece Assembly
5079-318	Bell Chestpiece
5079-319	Corrugated Chestpiece Assembly
5079-104	Flat Diaphragm Disc Only
5079-05	Adult Corrugated Diaphragm Disc Only
5079-319	Adult Corrugated Chestpiece Assembly

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Auscultation 37

Tycos®

Stéthoscopes double et triple tête DLX de Harvey

WelchAllyn®

Pour une auscultation supérieure et précise.

Les stéthoscopes double et triple tête de Harvey DLX sont le fruit de recherches et d'essais approfondis. La conception soignée du tube, le poids et la taille précis du pavillon et les branches rotatives de la lyre s'associent pour faire des stéthoscopes de Harvey des instruments d'auscultation exceptionnels. Le test déterminant a été, bien sûr, effectué sur le patient.

Les stéthoscopes de Harvey vous permettent d'identifier les fréquences les plus basses que détecte l'oreille humaine, telles qu'un bruit de galop ou un roulement diastolique faibles, ainsi que les plus hautes fréquences du souffle diastolique aortique précoce faiblement perceptible.

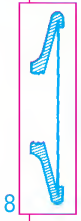
Qui plus est, fort de cinquante ans d'expérience dans l'utilisation de stéthoscopes, le Dr W. Proctor Harvey a conçu ses stéthoscopes pour qu'ils répondent aux demandes de confort et de portabilité des médecins.

Double tête

Triple tête

Pavillons

Les modèles double et triple tête offrent une membrane plate et une cloche. La triple tête comprend également une membrane ondulée qui ajoute aux possibilités d'auscultation. On sélectionne la tête en tenant le pavillon d'une main par sa tige et en le tournant jusqu'à ce qu'un déclic se fasse entendre ou qu'on perçoive l'enclenchement.



Membrane plate

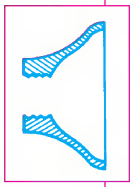
« La bête de somme ». Excellente pour tous les bruits et souffles. Idéale pour les hautes fréquences (telles qu'un faible souffle diastolique de régurgitation aortique). Tout aussi parfaite pour faire la distinction entre les bruits, identifier des clics systoliques et des bruits d'éjection. Diamètre : 4,76 cm.

Membrane ondulée

Sert d'amplificateur. Excellente pour un examen général des bruits cardiaques. Particulièrement adaptée aux bruits de galop et aux souffles de basses fréquences. Diamètre : 4,76 cm.

Cloche

Permet de détecter avec une grande clarté les bruits et les souffles cardiaques de basse et moyenne fréquences (tels qu'un faible bruit de galop ou un roulement diastolique). Diamètre : 2,79 cm.



Réglage de la lyre

Vos nouveaux stéthoscopes de Harvey sont conçus pour vous permettre de les adapter à vos critères de confort et d'ajustement acoustique.

A. Sélectionnez les embouts auriculaires de la taille et de la texture appropriées. Pour une acoustique optimale, deux tailles d'embouts auriculaires « mous » et « durs » vous sont proposées. Choisissez la taille qui obture le mieux votre conduit auditif externe et qui est la plus confortable. En règle générale, le plus gros embout convient le mieux à la majorité des utilisateurs.

B. Pour régler l'angle des branches de la lyre, tenez le ressort d'une main et tournez chaque branche jusqu'à l'obtention de l'angle désiré.

C. Assurez-vous que les branches binaurales sont légèrement dirigées vers l'avant à l'entrée du conduit auditif.

D. Pour réduire la tension du ressort, saisissez chaque branche à sa base et tirez délicatement vers l'extérieur.

E. Pour augmenter la tension du ressort, rapprochez les branches de la lyre.

Nettoyage et entretien

- Il est important de nettoyer et de désinfecter le stéthoscope pour empêcher une contamination croisée.
- Les branches de la lyre et le tube peuvent être nettoyés à l'alcool ou à l'eau et au savon doux.
- On peut retirer les embouts auriculaires pour les nettoyer en profondeur à l'alcool ou à l'eau et au savon doux.
- Remplacement de la membrane : dans des conditions normales d'utilisation, il est rarement nécessaire de retirer la bague et la membrane pour les nettoyer. L'extérieur de la membrane peut se nettoyer à l'alcool ou à l'eau et au savon doux. Toutefois, si vous avez besoin de retirer la membrane :

A. Tenez la cloche et la monture d'une main et appuyez sur le dos de la membrane. De l'autre main, saisissez la bague filetée de la membrane et dévissez la bague en la tournant dans le sens contraire des aiguilles d'une montre.

B. Détachez la bague de la monture.

C. Tenez la cloche et la monture d'une main et appuyez sur le dos de la membrane. De l'autre main, saisissez la bague filetée de la membrane et dévissez la bague en la tournant dans le sens contraire des aiguilles d'une montre.

Garantie

Votre stéthoscope DLX de Harvey est assorti d'une garantie de dix ans contre tout défaut de pièce ou de fabrication. Si un défaut de fabrication ou de matériau est découvert, Welch Allyn réparera ou remplacera gratuitement le produit.

Cette garantie ne couvre pas les dommages pouvant survenir en cours d'expédition, ni les dommages causés par les altérations, la négligence ou l'usage impropre.

Renvoyer l'appareil à réparer à l'un des centres de réparation Welch Allyn suivants :

- **Welch Allyn, Repair Dept.,** 95 Old Shoals Rd., Arden, NC 28704.
- **Welch Allyn, Repair Dept.,** Postfach 31, Zollerstrasse 2-4 D-72417 Jungingen/Deutschland.
- **Welch Allyn, Repair Dept.,** 160 Matheson Blvd. East, Unit 2, Mississauga, Ontario, Canada L4Z1V4.
- **In Latin America, send to MD, International Repair Dept.,** 7324 SW 48th St., Miami, Florida 33155.
- **Welch Allyn, Repair Dept.,** 21-09 Golden Mile Tower 6001, Beach Road, Singapore 199589, Rep. of Singapore.
- **Welch Allyn, Repair Dept.,** Ground Floor, 18-20 Orion Road, Lane Cove, NSW 2066, Australia.
- **In Japan, send to IMI Co.,** 3-3-12 Ryutsu-danchi, Koshigaya-shi Saitama, 343 Japan.

Commandes

Vous pouvez acheter tous les stéthoscopes et les accessoires Welch Allyn auprès d'un distributeur agréé de votre région. Appelez directement Welch Allyn pour obtenir le nom du revendeur le plus proche.

5079-321	Stéthoscope triple tête de Harvey DLX, tube noir
5079-325	Stéthoscope double tête de Harvey DLX, tube noir
5079-315	Ensemble d'accessoires
5079-113	Embouts auriculaires durs, extra-grands
5079-66	Embouts auriculaires durs, grands
5079-233	Embouts auriculaires mous, grands
5079-314	Embouts auriculaires mous, moyens
5079-121	Ensemble lyre et ressort
5079-120	Tube, noir
5079-316	Pavillon pour enfants
5079-317	Pavillon plat
5079-318	Pavillon à cloche
5079-319	Pavillon ondulé
5079-104	Disque de membrane plate uniquement
5079-05	Disque de membrane ondulée uniquement
5079-319	Pavillon ondulé

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Auscultation 37

Tycos®

Harvey DLX Doppel- und Dreifach-Stethoskope

WelchAllyn®

Ein Konzept, das dem medizinischen Personal bessere und genauere Auskultation verspricht.

Die Harvey DLX Doppel- und Dreifach-Stethoskope sind das Resultat umfangreicher Forschungen und Tests. Die Präzision beim Design der Schläuche, das richtige Gewicht, die Größe des Bruststücks sowie die verstellbaren Ohrbügel machen das Harvey-Stethoskop zu einem hervorragenden Auskultationsgerät, das natürlich auch die Tests an Patienten bestens bestanden hat.

Mit den Harvey-Stethoskopen können Sie die niedrigsten vom menschlichen Ohr erkennbaren Frequenzen feststellen, wie z.B. ein schwaches diastolisches Galoppieren oder Rumpeln, sowie die höheren Frequenzen eines schwachen frühzeitigen aortisch-diastolischen Murmelns.

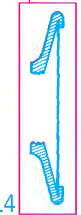
Hinzukommt, daß Dr. W. Proctor Harvey auf über fünf Jahrzehnte Erfahrung im Gebrauch von Stethoskopen zurückgreifen konnte, um ein Design zu entwickeln, das den heutigen Bedürfnissen der Ärzte in bezug auf Komfort und Beweglichkeit entgegenkommt.

Zweikopf

Dreikopf

Bruststücke

Beide Ausführungen, d.h. die mit zwei und die mit drei Köpfen, haben eine Flachmembran und eine Glocke. Das Modell mit drei Köpfen bietet zusätzlich eine gewellte Membran für zusätzliche Auskultationsmöglichkeiten. Die Wahl erfolgt durch Festhalten des Schlauchansatzes mit einer Hand und durch Drehen des Bruststücks, bis ein Klicken gehört oder gefühlt wird.



Flachmembran

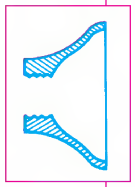
Hervorragend für Geräusche jeder Art. Am besten für höhere Frequenzen geeignet (z. B. schwaches diastolisches Murmeln bei aortischer Insuffizienz). Auch ideal zur Identifizierung der unterschiedlichsten Geräusche, systolischem Klick und Ejektionsgeräuschen. Durchmesser: 4,76 cm.

Gewellte Membran

Verstärkerqualität. Hervorragend geeignet für einen Überblick über die Herzgeräusche. Besonders gut für galoppierende Geräusche niedriger Frequenz und Murmeln. Durchmesser: 4,76 cm.

Glocke

Erstklassige Erkennung und Klarheit der Herzgeräusche von niedriger und mittlerer Frequenz und der Murmelgeräusche (z.B. schwaches Galoppieren oder diastolisches Rumpeln). Durchmesser: 2,79 cm.



Einstellen der Ohrbügel

Ihr neues Harvey-Stethoskop bietet optimale Anpassungsmöglichkeiten für Ihren persönlichen Komfort und beste Akustik.

A. Wählen Sie die richtige Größe und Beschaffenheit der Ohroliven. Für maximale akustische Abdichtung stehen zwei Größen von "weichen" und "harten" Ohroliven zur Verfügung. Wählen Sie die Größe, die Ihren äußeren Ohrkanal am besten verschließt und bequem sitzt. Allgemein gilt, daß die größere Größe meistens am besten sitzt.

B. Halten Sie zur Winkeleinstellung der Ohrbügel die Feder mit einer Handfest, und drehen Sie jeden Bügel in die gewünschte Position.

C. Stellen Sie sicher, daß die Ohrbügel leicht nach vorne gerichtet im Ohrkanal sitzen.

D. Zur Reduzierung des Federdruckes, halten Sie jeden Ohrbügel an seiner Biegung, und ziehen Sie sie vorsichtig nach außen.

E. Zum Erhöhen der Federspannung drücken Sie die Ohrbügel zusammen.

Pflege und Instandhaltung

- Es ist wichtig, das Stethoskop zu reinigen und zu desinfizieren, um etwaige Übertragungskontamination zu verhindern.
- Ohrbügel und Schläuche können mit Alkohol oder milder Seifenlauge abgewischt werden.
- Die Ohroliven können zur gründlichen Reinigung mit Alkohol oder milder Seifenlauge abgeschraubt werden.
- Auswechseln der Membran: Bei normalem Gebrauch sollten der Ring und die Membran nur selten zur Reinigung abgenommen werden müssen. Die Membranaußenseite kann mit Alkohol oder milder Seifenlauge abgewischt werden. Sollte ein Auswechseln der Membran erforderlich sein:

A. Halten Sie die Glocke und den Drehkopf mit einer Hand fest, und drücken Sie von hinten mit der anderen Hand auf die Membran. Ergreifen Sie den Schraubring der Membran mit der anderen Hand und lockern Sie ihn durch Drehen nach links.

B. Nehmen Sie den Schraubring vom Drehkopf.

C. Drücken Sie die Membranscheibe einfach aus dem Metallring und setzen Sie eine neue Scheibe ein. Schrauben Sie den Ring wieder auf das Bruststück.

Garantie

Das Harvey DLX Stethoskop ist durch eine 10-Jahres-Garantie gegen Defekte und Verarbeitungsfehler geschützt. Sollte dennoch ein Material- oder Verarbeitungsfehler auftreten, repariert oder ersetzt Welch Allyn das Produkt kostenlos.

Diese Garantie gilt nicht bei Versandschäden, falscher Anwendung, Verwahrlosung und normaler Abnutzung.

Senden Sie das Gerät an eines der nachstehend aufgeführten Welch Allyn Service Centers zur Wartung:

- **Welch Allyn, Repair Dept.,** 95 Old Shoals Rd., Arden, NC 28704.
- **Welch Allyn, Repair Dept.,** Postfach 31, Zollerstrasse 2-4 D-72417 Jungingen/Deutschland.
- **Welch Allyn, Repair Dept.,** 160 Matheson Blvd. East, Unit 2, Mississauga, Ontario, Canada L4Z1V4.
- **In Latin America, send to MD, International Repair Dept.,** 7324 SW 48th St., Miami, Florida 33155.
- **Welch Allyn, Repair Dept.,** 21-09 Golden Mile Tower 6001, Beach Road, Singapore 199589, Rep. of Singapore.
- **Welch Allyn, Repair Dept.,** Ground Floor, 18-20 Orion Road, Lane Cove, NSW 2066, Australia.
- **In Japan, send to IMI Co.,** 3-3-12 Ryutsu-danchi, Koshigaya-shi Saitama, 343 Japan.

Bestellinformationen

Alle Welch Allyn Stethoskope und Zubehörteile sind von einem autorisierten Vertreter in Ihrer Gegend erhältlich. Wenden Sie sich direkt an Welch Allyn, um den Namen des nächsten Händlers zu erfragen.

5079-321	Harvey DLX Dreifachkopf, Schwarzer Schlauch
5079-325	Harvey DLX Doppelkopf, Schwarzer Schlauch
5079-315	Zubehörsatz
5079-113	Harte Ohroliven, extra groß
5079-66	Harte Ohroliven, groß
5079-233	Weiche Ohroliven, groß
5079-314	Weiche Ohroliven, mittlere Größe
5079-121	Ohrbügel / Feder
5079-120	Schläuche, Schwarz
5079-316	Pädiatrisches Bruststück
5079-317	Flachbruststück
5079-318	Glocke-Bruststück
5079-319	Gewelltes Bruststück
5079-104	Flache Membran einzeln
5079-05	Gewellte Membran einzeln
5079-319	Glocke-Bruststück

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Auscultation 37

Tycos®

Estetoscopios Harvey DLX de doble y triple cabeza

WelchAllyn®

Diseñado para permitir al profesional médico obtener una auscultación superior y precisa.

Los estetoscopios Harvey DLX de doble y triple cabeza fueron diseñados después de un largo proceso de investigación y prueba. El diseño especial de los tubos, el peso y tamaño adecuados de la pieza para el pecho y los auriculares giratorios se combinan para hacer de los estetoscopios Harvey unos instrumentos excepcionales para la auscultación. La prueba final, por supuesto, fue en el paciente.

Los estetoscopios Harvey le permitirán identificar las frecuencias más bajas que puede detectar el oído humano como, por ejemplo, un tenue galope o ruido sordo diastólico, así como las frecuencias más altas del débil soplo diastólico aórtico temprano

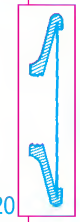
Además, con más de cinco décadas de experiencia usando estetoscopios, el Dr. W. Proctor Harvey ha diseñado sus estetoscopios de acuerdo con las necesidades de comodidad y portabilidad que exigen los médicos.

Cabeza doble

Cabeza triple

Piezas para el pecho

Tanto la cabeza doble como la triple presentan un diafragma plano y una campana. La cabeza triple también utiliza un diafragma corrugado para ampliar las capacidades auscultatorias. La selección se logra sosteniendo la pieza para el pecho por el eje en una mano y girándola hasta que se oiga o sienta un chasquido.



Diafragma plano

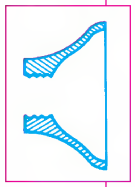
Verdaderamente resistente . Excelente para todo tipo de sonidos y soplos. Óptimo para las frecuencias altas (tales como el débil soplo diastólico de la regurgitación aórtica). También es ideal para identificar divisiones de sonidos, chasquidos sistólicos y sonidos de expulsión. 4,76 cm de diámetro.

Diafragma corrugado

Calidad amplificadora. Excelente para un examen general de los sonidos cardíacos. Especialmente bueno para ruidos de galope y soplos de baja frecuencia. 4,76 cm de diámetro.

Campana

Proporciona una detección y claridad excelentes para sonidos y soplos cardíacos de baja y media frecuencia (tales como un galope tenue o un ruido sordo diastólico). 2,79 cm de diámetro.



Ajuste del conjunto para la cabeza

Sus nuevos estetoscopios Harvey están diseñados para proporcionarle la mayor comodidad personal y adaptación acústica posible mediante un mecanismo flexible de ajuste.

A. Seleccione la punta para los oídos del tamaño y textura correctos. Para obtener el máximo sello acústico, se incluyen dos tamaños de puntas "blandas" y "duras". Elija el tamaño que selle mejor su canal auditivo externo y con el que más cómodo se sienta. Por regla general, el tamaño más grande es el mejor para la mayoría.

B. Para ajustar el ángulo de los auriculares, sostenga el resorte en una mano y gire cada auricular hasta lograr el ángulo correcto.

C. Asegúrese de que l os tubos de los auriculares estén dirigidos ligeramente hacia delante al penetrar en el canal auditivo.

D. Para reducir la tensión del resorte [la fuerza elástica del resorte], tome cada tubo para el oído por su doblez y tire suavemente hacia fuera.

E. Para aumentar la tensión del resorte [la fuerza elástica del resorte], apriete juntos los tubos para el oído.

Cuidado y mantenimiento

- Es importante limpiar y desinfectar su estetoscopio para evitar posible contaminación cruzada.
- Los tubos para el oído y los tubos mismos pueden limpiarse con alcohol o agua ligeramente jabonosa.
- Las puntas para los oídos pueden quitarse para limpiarse a fondo con alcohol o agua ligeramente jabonosa.
- Reemplazo del diafragma: Bajo condiciones normales de uso, rara vez se necesitará quitar el borde y el diafragma para limpiarlos. El exterior del diafragma puede limpiarse con alcohol o agua ligeramente jabonosa. No obstante, si necesita quitar el diafragma:

A. Sostenga la sección de la campana y la torreta en una mano y ejerza presión en la parte de atrás del diafragma. Tome el aro roscado del diafragma con la otra mano y gire el aro hacia la izquierda para soltarlo.

B. Separe el aro roscado de la sección de la torreta.

C. Presione el disco del diafragma para sacarlo del aro metálico y reemplácelo con un disco nuevo. Coloque el aro nuevamente en la pieza para el pecho.

Garantía

Su estetoscopio Harvey DLX viene con una garantía de 10 años contra defectos en componentes y fabricación. En caso de que se descubra un defecto de material o fabricación, Welch Allyn reparará o reemplazará el producto sin cargo alguno.

Esta garantía no ampara los daños causados en el transporte o las fallas descuido o maltrato de la unidad.

Devuelva la unidad para fines de servicio a cualquiera de los Centros de Servicio de Welch Allyn a continuación:

- **Welch Allyn, Repair Dept.,** 95 Old Shoals Rd., Arden, NC 28704.
- **Welch Allyn, Repair Dept.,** Postfach 31, Zollerstrasse 2-4 D-72417 Jungingen/Deutschland.
- **Welch Allyn, Repair Dept.,** 160 Matheson Blvd. East, Unit 2, Mississauga, Ontario, Canada L4Z1V4.
- **In Latin America, send to MD, International Repair Dept.,** 7324 SW 48th St., Miami, Florida 33155.
- **Welch Allyn, Repair Dept.,** 21-09 Golden Mile Tower 6001, Beach Road, Singapore 199589, Rep. of Singapore.
- **Welch Allyn, Repair Dept.,** Ground Floor, 18-20 Orion Road, Lane Cove, NSW 2066, Australia.
- **In Japan, send to IMI Co.,** 3-3-12 Ryutsu-danchi, Koshigaya-shi Saitama, 343 Japan.

Información para pedidos

Todos los estetoscopios Welch Allyn y sus componentes accesorios [piezas auxiliares] pueden adquirirse a través de un distribuidor autorizado en su área. Llame directamente a Welch Allyn para informarse sobre el nombre del distribuidor más cercano.

5079-321	Cabeza triple Harvey DLX, Tubo negro
5079-325	Cabeza doble Harvey DLX, Tubo negro
5079-315	Juego de accesorios
5079-113	Puntas duras para los oídos, extragrandes
5079-66	Puntas duras para los oídos, grandes
5079-233	Puntas blandas para los oídos, grandes
5079-314	Puntas blandas para los oídos, medianas
5079-121	Conjunto de auriculares/resorte
5079-120	Tubos, negro
5079-316	Conjunto de pieza para el pecho pediátrico
5079-317	Conjunto de pieza para el pecho plano
5079-318	Pieza para el pecho de campana
5079-319	Conjunto de pieza para el pecho corrugado
5079-104	Disco de diafragma plano únicamente
5079-05	Disco de diafragma corrugado únicamente
5079-319	Conjunto de pieza para el pecho corrugado

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Tycos®

Stetoscopi a doppia e tripla testa DLX Harvey

Welch Allyn®

Ideati per consentire al medico un'auscultazione accurata e di alta qualità.

Gli stetoscopi a doppia e tripla testa Harvey DLX sono il risultato di approfondite ricerche e test accurati. La particolare concezione dei tubi, il peso adeguato e la giusta dimensione della testa e gli auricolari ad angolazione regolabile rendono gli stetoscopi Harvey strumenti ideali per l'auscultazione. La prova finale è stata ovviamente la verifica sul paziente.

Gli stetoscopi Harvey consentono di identificare le frequenze più basse rilevabili dall'orecchio umano, quali il debole ritmo di galoppo o soffio diastolico così come le più alte frequenze del debole soffio aortico diastolico precoce.

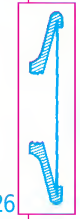
Inoltre, sulla base di oltre cinque decenni di esperienza nell'uso di stetoscopi, il Dr. W. Proctor Harvey ha progettato gli stetoscopi in modo da soddisfare le esigenze del medico in termini di comfort e facilità di trasporto.

Testa doppia

Testa tripla

Teste

Sia la doppia che la tripla testa sono dotate di diaframma piano e di campana. La testa tripla utilizza anche un diaframma corrugato per maggiori capacità auscultatorie. Per la relativa selezione è sufficiente tenere in una mano la base della testa e ruotare con l'altra la testa finché si sente o percepisce un click.



Diaframma piano

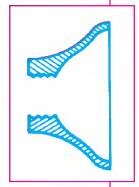
"Il cavallo di battaglia". Eccellente per tutti i suoni e soffi. Ideale per le alte frequenze (quali il debole soffio diastolico o rigurgito aortico). Ottimale anche per identificare la divisione di suoni, click sistolici, click di eiezione. Diametro di 4,76 cm.

Diaframma corrugato

Per livelli di qualità ancora più elevati. Eccellente per una percezione globale dei toni cardiaci. Particolarmente adatto per ritmi di galoppo e soffi a bassa frequenza. Diametro di 4,76 cm.

Campana

Consente una rilevazione ottimale e massima chiarezza dei toni cardiaci e soffi alle basse e medie frequenze (quali il debole ritmo di galoppo o soffio diastolico). Diametro di 2,79 cm.



Regolazione degli auricolari

I nuovi stetoscopi Harvey sono stati concepiti per consentire la massima flessibilità di regolazione per il proprio comfort e adattamento acustico.

A. Selezionare il tappo auricolare della misura e consistenza corretta. Ai fini di una tenuta acustica ideale, vengono fornite due misure del tipo "morbido" e del tipo "duro". Scegliere la misura che si adatta meglio al Vostro condotto uditivo esterno consentendo un maggiore comfort. Di norma la misura più grande è la più idonea nella maggior parte dei casi.

B. Regolare l'angolazione degli auricolari tenendo la molla in una mano e ruotando ciascun auricolare fino a raggiungere l'angolazione corretta.

C. Assicurarsi che i tubi degli auricolari siano orientati leggermente in avanti all'ingresso del condotto uditivo.

D. Per ridurre la tensione della molla, tirare delicatamente verso l'esterno i tubi degli auricolari afferrandoli nel punto di curvatura.

E. Per aumentare la tensione della molla avvicinare i tubi degli auricolari con una leggera pressione.

Cura e manutenzione

- Al fine di evitare la possibile contaminazione incrociata, è particolarmente importante pulire e disinfettare lo stetoscopio.
- Gli auricolari e i tubi possono essere puliti con alcol od acqua con sapone delicato.
- I tappi auricolari possono essere rimossi per una pulizia accurata con alcol o acqua con sapone delicato.
- Sostituzione del diaframma: in normali condizioni d'uso, raramente è necessario rimuovere la ghiera e il diaframma per la relativa pulizia. La parte esterna del diaframma può essere pulita con alcol o acqua con sapone delicato. Tuttavia, se si deve rimuovere il diaframma:

A. Tenendo in una mano la campana e la torretta esercitare pressione sul retro del diaframma. Afferrare la ghiera del diaframma con l'altra mano e ruotarla in senso antiorario per allentarla.

B. Rimuovere la ghiera dalla torretta.

C. Tenendo in una mano la campana e la torretta esercitare pressione sul retro del diaframma. Afferrare la ghiera del diaframma con l'altra mano e ruotarla in senso antiorario per allentarla.

Garanzia

Lo stetoscopio Harvey DLX è coperto da una garanzia di dieci anni contro difetti di fabbricazione e pezzi difettosi. Qualora si dovesse rilevare un difetto di materiale o di lavorazione, Welch Allyn provvederà a riparare o a sostituire il prodotto gratuitamente.

La presente garanzia non copre i danni verificatisi durante il trasporto o i difetti dovuti a manomissione, evidente negligenza o abuso.

Inviare l'unità per il servizio a uno dei seguenti centri di servizio della Welch Allyn:

- **Welch Allyn, Repair Dept.,** 95 Old Shoals Rd., Arden, NC 28704.
- **Welch Allyn, Repair Dept.,** Postfach 31, Zollerstrasse 2-4 D-72417 Jungingen/Deutschland.
- **Welch Allyn, Repair Dept.,** 160 Matheson Blvd. East, Unit 2, Mississauga, Ontario, Canada L4Z1V4.
- **In Latin America, send to MD, International Repair Dept.,** 7324 SW 48th St., Miami, Florida 33155.
- **Welch Allyn, Repair Dept.,** 21-09 Golden Mile Tower 6001, Beach Road, Singapore 199589, Rep. of Singapore.
- **Welch Allyn, Repair Dept.,** Ground Floor, 18-20 Orion Road, Lane Cove, NSW 2066, Australia.
- **In Japan, send to IMI Co.,** 3-3-12 Ryutsu-danchi, Koshigaya-shi Saitama, 343 Japan.

Informazioni relative alle ordinazioni

Tutti gli stetoscopi Welch Allyn e relativi accessori possono essere acquistati da un concessionario locale. Contattare direttamente la Welch Allyn per individuare il concessionario a Voi più vicino.

5079-321	Testa tripla Harvey DLX, tubo nero
5079-325	Testa doppia Harvey DLX, tubo nero
5079-315	Kit accessori
5079-113	Tappi auricolari duri, misura extra large
5079-66	Tappi auricolari duri, misura grande
5079-233	Tappi auricolari morbidi, misura grande
5079-314	Tappi auricolari morbidi, misura media
5079-121	Auricolari /molla
5079-120	Tubi, nero
5079-316	Testa pediatrica
5079-317	Testa piana
5079-318	Testa a campana
5079-319	Testa corrugata
5079-104	Solo il disco del diaframma piano
5079-05	Solo il disco del diaframma corrugato
5079-319	Testa corrugata

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Tycos®

Estetoscópios de cabeçote duplo e triplo Harvey DLX

WelchAllyn®

Criado para auxiliar o médico a obter uma ausculta precisa e superior.

Os estetoscópios de cabeçote duplo e triplo Harvey DLX foram criados após muitas pesquisa e testes. O projeto minucioso do tubo, o peso e as dimensões adequadas da porção torácica e o binaural rotatório, juntos fazem dos estetoscópios Harvey excelentes instrumentos de ausculta. O teste final, naturalmente, foi realizado nos pacientes.

Os estetoscópios Harvey conferem a capacidade de identificar as freqüências mais baixas que o ouvido humano é capaz de detectar, tal como um galope diastólico extremamente fraco ou roncos, assim como as freqüências mais altas de um fraco sopro diastólico da aorta.

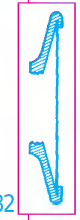
Além disso, tendo mais de cinqüenta anos de experiência com o uso de estetoscópios, o doutor W. Proctor Harvey criou seus estetoscópios para atender às necessidades de conforto e de fácil transporte exigidas pelos médicos.

Cabeza doble

Cabeza triple

Porção torácica

Tanto o estetoscópio de cabeçote duplo quanto o de cabeçote triplo possuem diafragma plano e campana. O estetoscópio de cabeçote triplo também possui um diafragma corrugado para obter uma capacidade auscultativa maior. A seleção é feita prendendo a haste da porção torácica com uma mão e girando a porção torácica até ouvir ou sentir um clique.



Diafragma plano

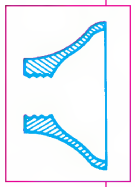
O "pau para toda obra". Excelente para todos os sons e sopros. Melhor para as freqüências mais altas (como um fraco sopro diastólico de regurgitação aórtica). Também ideal para identificar a divisão de sons, cliques sistólicos e sons de ejeção. Tem 4,76 cm de diâmetro.

Diafragma corrugado

Com capacidade de amplificação. Excelente para um apanhado geral de sons. Especialmente indicado para os sons de sopros e de galope de baixa freqüência. Tem 4,76 cm de diâmetro.

Campana

Fornece detecção e clareza excelentes para sons de baixa e média freqüência (como o galope fraco ou ronco diastólico). Tem 2,79 cm de diâmetro.



Ajuste das extremidades auriculares

Os novos estetoscópios Harvey foram feitos para propiciar o máximo em capacidade de ajuste para o conforto pessoal e para a adaptação acústica.

A. Selecione o tamanho correto e a textura das extremidades auriculares. Para propiciar uma excelente vedação acústica, são fornecidos dois tamanhos de extremidades auriculares, "macia" e "dura". Escolha o tamanho que melhor vedar o canal do ouvido externo e que for mais confortável. Como regra geral, o tamanho maior é o melhor para a maioria das pessoas.

B. Para ajustar o ângulo da bifurcação binaural, segure a mola com uma mão e gire cada haste binaural até o que o ângulo correto seja alcançado.

C. Os tubos binaurais devem apontar levemente para a frente quando penetrarem o canal do ouvido.

D. Para reduzir a tensão da mola, segure cada tubo de ouvido pela curva e puxe delicadamente para os lados.

E. Para aumentar a pressão da mola, aperte os tubos de ouvido um em direção ao outro.

Cuidados e manutenção

- É importante limpar e desinfetar o estetoscópio para evitar a contaminação cruzada.
- Os tubos de ouvido e o tubo podem ser limpos esfregando com álcool ou água e sabão suave.
- As extremidades auriculares podem ser retirados para uma limpeza mais completa com álcool ou água e sabão suave.
- Substituição do diafragma: em circunstâncias normais de uso, raramente há necessidade de remover o aro e o diafragma para a limpeza. O exterior do diafragma pode ser limpo com álcool ou água e sabão suave. No entanto, se precisar remover o diafragma:

A. Segure a campana e a parte da torre com uma mão e pressione a parte de trás do diafragma. Prenda firmemente o anel roscado do diafragma com a outra mão e gire o anel no sentido anti-horário para afrouxá-lo.

B. Separe o anel roscado da parte da torre.

C. Simplesmente pressione o disco do diafragma para fora do anel de metal e substitua com um disco novo. Enrosque o anel de volta à porção torácica.

Garantia

O estetoscópio Harvey DLX é acompanhado por uma garantia de dez anos contra defeitos de peças e de fabricação. Se houver algum defeito de material ou de mão de obra, a Welch Allyn consertará ou substituirá o produto gratuitamente.

Esta garantia não cobre danos causados por transporte, falta de cuidado evidente ou abuso.

Remeta a unidade para reparos para qualquer um dos Centros de Serviço Welch Allyn abaixo:

- **Welch Allyn, Repair Dept.,** 95 Old Shoals Rd., Arden, NC 28704.
- **Welch Allyn, Repair Dept.,** Postfach 31, Zollerstrasse 2-4 D-72417 Jungingen/Deutschland.
- **Welch Allyn, Repair Dept.,** 160 Matheson Blvd. East, Unit 2, Mississauga, Ontario, Canada L4Z1V4.
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- **In Japan, send to IMI Co.,** 3-3-12 Ryutsu-danchi, Koshigaya-shi Saitama, 343 Japan.

Informações para encomendas

Todos os estetoscópios e peças de acessórios da Welch Allyn podem ser adquiridas junto a um distribuidor autorizado em sua região. Telefone diretamente para a Welch Allyn para obter o nome do revendedor mais próximo.

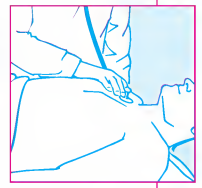
5079-321	Cabeçote triplo Harvey DLX, tubo negro
5079-325	Cabeçote duplo Harvey DLX, tubo negro
5079-315	Kit de acessórios
5079-113	Extremidades auriculares duras, extra-grande
5079-66	Extremidades auriculares duras, grande
5079-233	Extremidades auriculares macias, grande
5079-314	Extremidades auriculares macias, média
5079-121	Conjunto de haste binaural e mola
5079-120	Tubo, negro
5079-316	Conjunto de porção torácica pediátrico
5079-317	Conjunto de porção torácica plano
5079-318	Porção torácica com campana
5079-319	Conjunto de porção torácica corrugado
5079-104	Somente o disco do diafragma plano
5079-05	Somente o disco do diafragma corrugado
5079-319	Conjunto de porção torácica corrugado

Auscultation of the Heart

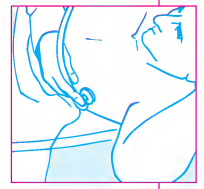
Preparing for the Exam

Auscultation of the heart can be mastered. Develop a pattern or sequence which becomes like second nature. The room should be quiet and free of distractions. The patient should be comfortable and disrobed properly to enable adequate contact between the stethoscope and skin. A complete exam should include listening to the patient while in the following positions: supine, left lateral recumbent and sitting, as well as listening over the point of maximum impulse of the left ventricle. The standing and squatting positions are frequently utilized. Also listen rou-tinely over areas on the neck, back, and abdomen.

The great majority prefer to examine the patient from the right side.



Supine



Left Lateral Recumbent

Sitting

Sites of Auscultation

There are specific sites on the chest wall most principally used for cardiac auscultation.

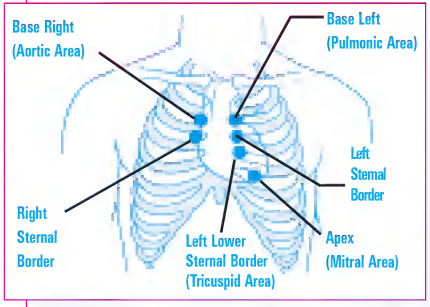
1. **Aortic Area (Base Right)**
   Located at the 2nd intercostal space to the right of the sternum. Sounds and murmurs of the aortic valve and aorta are well heard in this area. Aortic events are often also well heard at the Apex.
2. **Pulmonic Area (Base Left)**
   Located at the 2nd intercostal space to the left of the sternum. Sounds and murmurs from the pulmonic valve are usually best heard in this area, or at the 3rd left sternal border.

3. **Left Sternal Border**
Located at the 3rd intercostal space to the left of the sternum. Usually the best area to detect aortic diastolic murmurs.

4. **Right Sternal Border**
Located at the 3rd intercostal space to the right of the sternum. The best area to detect the "right-sided" aortic diastolic murmur.

5. **Lower Left Sternal Border (Tricuspid Area)**
Located at the 4th left intercostal space. Good for evaluation of the first heart sound, systolic clicks, gallops and tricuspid murmurs.

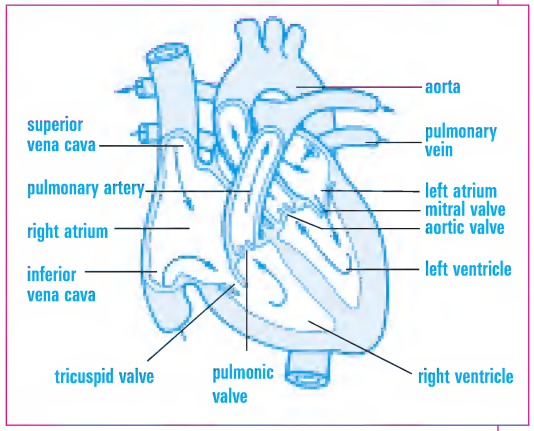
6. **Between the Lower Left Sternal Border and Apex**
Especially good for sounds and murmurs of mitral valve origin.



7. **Apex (Mitral Area)**
Normally located at the 5th left intercostal space in the mid-clavi-cular line. Usually best for identification of sounds and murmurs (both systolic and diastolic) of mitral valve origin. Aortic ejection sounds are often discernible here.

In the normal sequence of auscultation, Dr. Harvey suggests that one routinely begin at one area and then carefully explore the other areas. He begins at the lower left sternal border (LLSB), where an overview of the heart sounds and murmurs is obtained. He then listens specifically to the various auscultatory events in the area, enabling best analysis and sound identification. The majority of heart sounds and murmurs can be heard at more than one area. Use both the diaphragm and bell chestpieces over these areas.

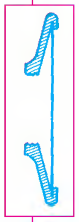
Heart Sounds and Murmurs



The first and second heart sounds are vibrations produced by the closure of valves. The way in which we identify these sounds evolves around the two phases of the cardiac cycle. The term "systole" refers to the phase when the ventricles contract and the mitral and tricuspid valves close. This produces the first heart sound or S_1. "Diastole" refers to the relaxation phase when the ventricles are filling and pulmonic and aortic valves have closed. The second sound (S_2) denotes the end of systole and is caused by closure of the aortic and pulmonic valves.

Murmurs result from the turbulence of blood flow through the heart. They can be normal (innocent murmurs) or significant and related to abnormal pathology of the valves and/or ventricles. Systolic murmurs occur when the heart contracts (systole). Diastolic murmurs occur in diastole. The accurate detection and identification of normal and abnormal heart sounds and murmurs will put you on the track to diagnosing the presence of heart disease.

The Flat Diaphragm



The flat diaphragm is the "workhorse" chestpiece and should be used on every patient. This chestpiece serves to filter out the lower frequencies and accent the higher range. The degree of pressure exerted on the diaphragm will directly impact the frequencies attenuated.

As an example, to detect the faintest high-frequency murmur of aortic regurgitation, the patient should be sitting, leaning forward with breath held in deep expiration. The diaphragm should be positioned over the 3rd left sternal border and very firm pressure applied. Sufficient pressure should be used to leave a temporary imprint of the diaphragm on the chest wall. If firm pressure is not exerted, a faint grade 1 or 2 aortic or pulmonic murmur might be overlooked.

Conversely, by using very light pressure on the diaphragm, low frequencies such as a gallop or diastolic rumble can be "brought out." The key is to use varying degrees of pressure in order to tune in the various heart sounds.

The flat diaphragm is also the chestpiece of choice in the detection and analysis of normal and abnormal breath and lung sounds.

Be sure to listen over all areas of the precordium:

LLSB
(tricuspid area)

Apex
(mitral area)

(pulmonic area)

(aortic area)

The Corrugated Diaphragm

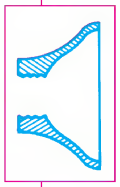
The original corrugated diaphragm has a unique principle of circular convex ridges. It is at first surprising to many that this diaphragm can not only amplify heart sounds and murmurs, but when used properly often leads the examiner to pick up the faintest low frequency gallop or diastolic rumble. It is excellent for the "overview" (or "over-listen"). As an initial move, place the corrugated chestpiece over the lower left sternal border; very light pressure is recommended. In fact, the weight of the stethoscope alone usually produces the proper amount of pressure, as well as contact with the chest wall to best amplify a low frequency gallop or rumble. The hand is often not necessary to exert pressure, although varying degrees can be utilized if desired.

This chestpiece is also capable of identifying higher frequencies such as a diastolic blow of aortic regurgitation; firm pressure on the stethoscope is used, although the flat diaphragm is best for this.

Because the corrugated chestpiece amplifies, it can aid those who have some hearing loss. Also, it may help in better detection of faint heart sounds and murmurs in those patients who have emphysema, are obese, or have increased musculature development of the chest wall over the heart.

The corrugated piece detects and amplifies the characteristic normal sounds S_1, S_2, as well as the S_3 and S_4 diastolic gallops, ejection sounds and prosthetic valve sounds.

Use this piece routinely on each patient examined and then switch to the bell and flat diaphragm to further analyze the various heart sounds and murmurs.



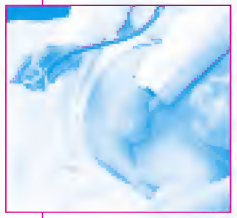
The Bell

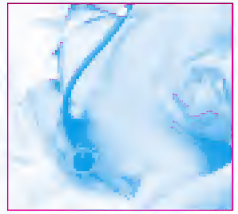
The bell is particularly useful in detecting faint, low-frequency sounds and murmurs. Very light pressure with the bell, barely making an air seal with the skin of the chest wall, is required for correct auscultation.

The bell on the Harvey Stethoscopes is specifically sized to fit between the ribs making an air seal, and fitting into spaces that the diaphragm cannot. This is particularly necessary when examining patients with bony chests and poor muscular development. The bell is also sized to fit into areas of the neck, such as:

A—suprasternal notch, B—supraclavicular fossae, and C—carotid artery.

In order to accentuate or "bring out" the faint atrial or ventricular diastolic gallop, 3rd heart sound, or diastolic rumble of mitral stenosis, you will need to find the point of maximal intensity of the left ventricle. This maneuver is accomplished by using one's index finger and 3rd finger to palpate, as shown in Figure D.





The bell is also best suited to pick up the low-frequency third (S_3) and fourth (S_4) heart sounds. S_3 is usually a left ventricular sound which occurs in early diastole and is best heard over the LLSB and Apex. In normal individuals under 35 years of age, the S_3 can be normal and is called "physiologic." In the abnormal, it is called an S_3 (ventricular) gallop. S_3 is a filling sound caused by blood rapidly filling and striking the ventricle in early diastole.

Helpful Hints

Remember the great majority of patients having cardiovascular disease can be diagnosed in your office or at the bedside. The stethoscope is your most important instrument used in the physical exam to make this possible. The key to successful cardiac auscultation will be your ability to correctly characterize, interpret and identify the various heart sounds and murmurs.

Grading the Loudness of Murmurs (Systolic I-VI, Diastolic I-IV)

Grade I: Very faint, must concentrate on several cycles to hear. Not heard immediately.

Grade II: A faint murmur but discernible immediately upon listening.

Grade III: Intermediate. Louder than a Grade II, but cannot be palpated.

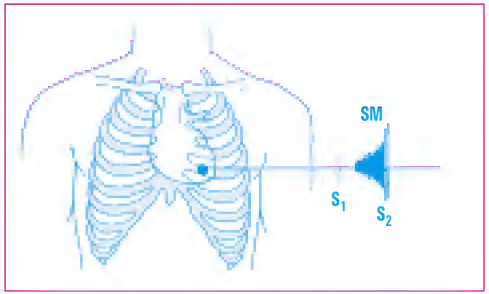
Grade IV: A loud murmur often associated with a palpable thrill.

Grade V: Very loud murmur which requires the stethoscope to be at least partially in contact with the skin, but not heard off the chest wall.

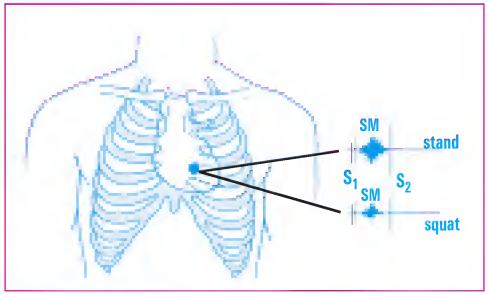
Grade VI: A murmur loud enough to hear with the stethoscope not touching the chest wall.

Sketching Heart Sounds and Murmurs

A very effective way to improve your auscultatory ability, and accurately track the progress of a murmur is through sketching. Note the sketch of a late apical systolic murmur of mitral valve prolapse as shown below. It is suggested that you put these in your own records as well as in your write-ups of the patient's cardiac exam in hospital charts.



Mitral valve prolapse



Hypertrophic cardiomyopathy

Maneuvers

When applicable, make use of the various simple maneuvers such as valsalva, handgrip and squatting. For example, with hypertrophic cardiomyopathy, the systolic murmur may decrease with squatting and become louder on standing, as shown in bottom sketch on page 44. In the case of mitral valve prolapse, on squatting the click(s) may move toward the second heart sound (S_2). The murmur may become shorter in late systole and get louder as systole continues.

This stethoscope also provides for accurate auscultation of the lungs. The flat diaphragm is usually best for this.

Pediatric Accessories

A pediatric diaphragm chestpiece is included in the Accessory Kit. The pediatric diaphragm is 3.5 cm in diameter and allows for easier auscultation of infants and neonates.

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